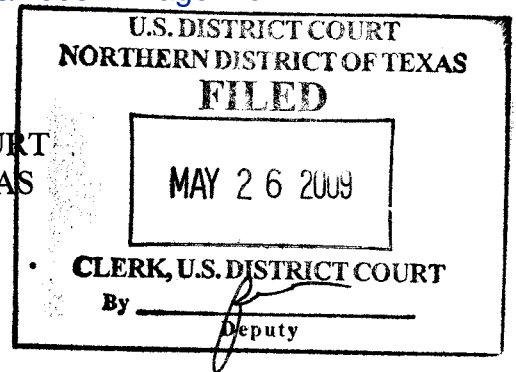


UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION



UNITED STATES OF AMERICA,

Plaintiff,

V.

JACK HAMMOND CLAY

Defendant.

§
§
§
§
§
§
§
§

CRIMINAL ACTION NO.

3:09-CR-084-B (01)

COPY OF SUMMONS IN A CRIMINAL CASE

AO83 (Rev. 10/03) Summons in a Criminal Case

United States District Court
Northern District of Texas
Office of the Clerk

2009 MAY 13 PM 3:52

Dallas Division

SUMMONS IN A CRIMINAL CASE

Case Number 3:09-CR-084-B

CLERK, U.S. DISTRICT COURT

By Jack H. Janssen Deputy

YOU ARE HEREBY SUMMONED to appear before the United States District Court at the place, date and time set forth below.

UNITED STATES DISTRICT COURT
 Place: 1100 COMMERCE STREET
 DALLAS, TX 75242

Room: 1561

Before: Magistrate Judge Paul D. Stickney

Date: May 19, 2009

Time: 9:00 AM

To answer a(n)

☐ Indictment ☒ Information ☐ Complaint ☐ Probation Violation Petition ☐ Supervised Release Violation Petition ☐ Violation Notice

Charging you with a violation of Title 26 United States Code, Section(s) 7203

Brief description of offense:

Failure to file an individual tax return

Certified a true copy of an instrument
 on file in my office on 5/22/09
 Clerk, U.S. District Court,
 Northern District of Texas
 By DDN Deputy

U. S. Magistrate Judge Paul D. Stickney

Name and Title of Issuing Officer

May 13, 2009

Date

s/G. Janssen

By: Deputy Clerk

WT

AO83 (Rev. 10/03) Summons in a Criminal Case

RETURN OF SERVICE

Service was made by me* on:

5/15/09

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant at:

☒ Left summons at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein and mailed a copy of the summons to the defendant's last known address.
Name of person with whom the summons was left: Christian D. Clay

☐ Returned unexecuted:

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service is true and correct.

Returned on:

5/18/09

Date

Randy Ely

Name of United States Marshal




Alex Campos

(by) Deputy United States Marshal

Remarks:

1st endeavor on 5/14/09 @ 4:07 pm @ 1400 S. Nursery Irving, TX;
Spoke to Christian D. Clay, she said Jack H. Clay was not home.
I gave her my contact information.
2nd endeavor on 5/15/09 @ 9:31 am @ 1400 S. Nursery Irving, TX; Not Answered
3rd endeavor on 5/15/09 @ 2:40 pm @ 1400 S. Nursery Irving, TX; Served
Christian D. Clay; she didn't want to be served; Deputy Campos
left papers on porch.

* As to who may serve a summons, see Rule 4 of the Federal Rules of Criminal Procedure.

 E4 892763989 US		 EXPRESS MAIL UNITED STATES POSTAL SERVICE®		Customer Copy Label 11-B, March 2004	
ORIGIN (POSTAL SERVICE USE ONLY) PO ZIP Code: 75242 Day of Delivery: <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day Scheduled Date of Delivery: 5/16 Month: 5 Day: 16 Scheduled Time of Delivery: <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM Military: <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day Int'l Alpha Country Code:		Postage: \$17.50 Return Receipt Fee: \$ COD Fee: \$ Insurance Fee: \$ Total Postage & Fees: \$17.50 Acceptance Entry Initials:		Post Office Addressee DELIVERY (POSTAL USE ONLY) Delivery Attempt: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature: _____ Mo. Day: _____ Delivery Attempt: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature: _____ Mo. Day: _____ Delivery Date: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature: _____ Mo. Day: _____	
Date Accepted: 5/13/09 Mo. Day Year: 5 13 09 Time Accepted: <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM Flat Rate <input checked="" type="checkbox"/> or Weight: 343 lbs. ozs.		CUSTOMER USE ONLY PAYMENT BY ACCOUNT Express Mail Corporate Acct. No. _____ Federal Agency Acct. No. or Postal Service Acct. No. _____ NO DELIVERY <input type="checkbox"/> Signature <input type="checkbox"/> Address <input type="checkbox"/>			
FROM: (PLEASE PRINT) PHONE: 214-767-0837 US Marshal's Service 1100 Commerce St. 1657 Dallas, Tx 75242		TO: (PLEASE PRINT) PHONE: _____ Jack Hammond Clay 1400 S. Nursery Rd Irving Tx 75060 ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> + <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW: <input type="text"/>			
FOR PICKUP OR TRACKING Visit www.usps.com Call 1-800-222-1811					

FORM W10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF _____		PROOF OF LOSS
Name of Debtor		Case Number
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property):	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of loss relating to your loss. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent:	THIS SPACE IS FOR COURT USE ONLY	
Telephone number:		
Account or other number by which creditor identifies debtor:	Check here if this loss <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends	
1. Basis for Loss <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ (date) to _____ (date) </div> </div>		
2. Date debt was incurred:		3. If court judgment, date obtained:
4. Total Amount of Loss at Time Case Filed: \$ _____ If all or part of your loss is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the loss. Attach itemized statement of all interest or additional charges.		
5. Secured Loss. <input type="checkbox"/> Check this box if your loss is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured loss, if any: \$ _____	6. Unsecured Priority Loss. <input type="checkbox"/> Check this box if you have an unsecured priority loss Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
7. Credits: The amount of all payments on this loss has been credited and deducted for the purpose of making this proof of loss. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your loss, enclose a stamped, self-addressed envelope and copy of this proof of loss.		THIS SPACE IS FOR COURT USE ONLY
Date	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):	
Penalty for presenting fraudulent loss: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF _____		PROOF OF CLAIM
Name of Debtor _____	Case Number _____	
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>		
Name of Creditor (The person or other entity to whom the debtor owes money or property): _____ Name and address where notices should be sent: _____ Telephone number: _____	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Last four digits of account or other number by which creditor identifies debtor: _____	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	THIS SPACE IS FOR COURT USE ONLY
1. Basis for Claim <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ <div style="text-align: center;">(date) (date)</div> </div> </div>		
2. Date debt was incurred: _____	3. If court judgment, date obtained: _____	
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.	Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
5. Total Amount of Claim at Time Case Filed: \$ _____ <div style="text-align: center;">(unsecured) (secured) (priority) (Total)</div> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
Date _____	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): _____	



Form 4490 (Rev. 2-2005) Cat. No. 41704T